

Taylor Middle School Student Statement

Name of Student:	Grade:	Date of Incident:	Time of Incident:
Who referred you to the office:	<input type="checkbox"/> Self <input type="checkbox"/> Teacher or staff; Name _____		

Where did the incident occur?
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Description of the incident in the order of occurrence.
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Your signature: \_\_\_\_\_

**Administration Action:** (not for student use)

- ☐ Consultation with the student
- ☐ Entered into Synergy
- ☐ Parent notification

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Action taken: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_